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2021 SEP -9 PK 1: 34

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COVER LETTER

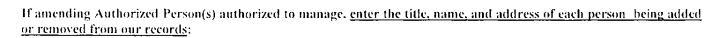
	gistration Secti vision of Corpo			•	
SUBJECT:		Name of Lim	ited Liability Company	·····	
The enclose	d Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please retur	n all corresponde	ence concerning this matter	to the following:		
		Shamkean	ThomPSDN Name of Person		
	٠.		Firm/Company	······	;
		1003 A	Sburs Was Address		
		bounton	n Beach , FL 334 City/State and Zip Code	126	
	-	E-mail address: (to be used for future annual report notif	ication)	
\sim 1	nformation conc <u>Amrear</u> Name of Pe	erning this matter, please of ThomPSon rson	ar(<u>561</u>) <u>4160-7</u>	Telephone Number	2021 SEP -9 PM
_		ollowing amount:			<u>.</u>
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee Fi Certificate of Status & Certified Copy (additional copy is enclosed	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Talfahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shamreal's L.C.		
(Name of the Limited Liability Company (A Florida Limited Lia	r <u>as it now appears on our records.</u>) ibility Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on <u>08, 18th 2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		: '
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name	of the new registere
Name of New Registered Agent:		2021 s
New Registered Office Address:	Enter Florida street address :	9-9
New Registered Agent's Signature, if changing Registered Agent:		Zip Code
l hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peacept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am fu wided for in Chapter 605, F.S. Or, if	miliar with and "this document is



MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBL	Shamrean Thomeson	1003 ASbury Way	ZAdd
		Bounton Beach, FL 33426	□Remove
			□Change
Ambr	Bretele Lightbourne	1003 Asbury way	□Add
		Bounton Beach, FL 33424	2 √ Remove
			□Change
			DAdd
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ffective date, if other than the date of filing:	Pursuant to 605,0207 (3)(b will not be listed as the
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The listified.	2 90th day after the
Buttil Gill John	

Filing Fee: \$25.00